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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock Number 3055

First Named Inventor LEE A. MCCONNEL

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RETAIN OVERFILL MONITOR WITH INTEGRATED
OVER-PRESSURE VACUUM AND OVER-PRESSURE DETECTION

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	<input type="checkbox"/>		OR <input checked="" type="checkbox"/>	Correspondence address below	
D. A. N. Chase Chase Law Firm, L.C. Name							
4400 College Boulevard, Suite 130 Address							
Overland Park City				Kansas State		66211 ZIP	
USA Country		913-339-9666 Telephone			913-339-6061 Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Lee A. (first and middle [if any])				Family Name McConnell (deceased) or Surname			
Colleen L. McConnell, surviving spouse and personal representative/administrator of estate of Lee A. McConnell Inventor's Signature <i>Colleen McConnell</i>				Date 10-22-03			
Parkville Residence: City		Missouri State		USA Country		USA Citizenship	
6515 NW Rock Garden Road Mailing Address							
Parkville City		Missouri State		64152 ZIP		USA Country	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Jeffrey K. (first and middle [if any])				Family Name Hunter or Surname			
Blue Springs Residence: City				Missouri State		USA Country	
908 NW Park Road Mailing Address				USA Citizenship			
Blue Springs City		Missouri State		64015 ZIP		USA Country	
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page ____ of ____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Larry Ace		Gibson	
Inventor's Signature <i>Larry Ace Gibson</i>		Date <i>28 OCT 03</i>	
Residence: City	Raytown	State	Missouri
Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 8223 Willow Way			
Mailing Address			
City	Raytown	State	Missouri
ZIP	64138	Country	U. S. A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Lee A. McConnel
Title	RETAIN OVERFILL MONITOR WITH INTEGRATED OVER-VACUUM AND OVER-PRESSURE DETECTION
Group Art Unit	
Examiner Name	
Attorney Docket Number	2995

I hereby appoint:

☒ Practitioners at Customer Number →

Place Customer
Number Bar Code
Label here

☐ Practitioner(s) named below:

Name	Registration Number
D. A. N. Chase	20,682
Michael Yakimo, Jr.	28,549
Ginnie C. Derusseau	35,855
James J. Kernell	42,720

Sean T. Bradley

46,572

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

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Number Bar Code
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	D. A. N. Chase				
Address	4400 College Boulevard, Suite 130				
Address					
City	Overland Park	State	Kansas	Zip	66211
Country	United States of America				
Telephone	913-339-9666	Fax	913-339-6061		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Lee A. McConnel (deceased)
Signature	Colleen L. McConnel, surviving spouse and personal representative/administrator of estate of Lee A. McConnel <i>Colleen L. McConnel</i>
Date	10-22-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

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Title	RETAIN OVERFILL MONITOR WITH INTEGRATED OVER-VACUUM AND OVER-PRESSURE DETECTION
Group Art Unit	
Examiner Name	
Attorney Docket Number	3055

I hereby appoint:

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☒ Practitioner(s) named below:

Name	Registration Number
D. A. N. Chase	20,682
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Ginnie C. Derusseau	35,855
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City	Overland Park	State	Kansas	Zip	66211
Country	United States of America				
Telephone	913-339-9666	Fax	913-339-6061		

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SIGNATURE of Applicant or Assignee of Record

Name	Larry Ace Gibson
Signature	<i>Larry Ace Gibson</i>
Date	28 OCT 03

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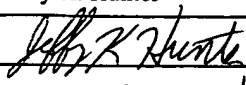
<input checked="" type="checkbox"/> Firm or Individual Name	D. A. N. Chase				
Address	Chase Law Firm, L.C.				
Address	4400 College Boulevard, Suite 130				
City	Overland Park	State	Kansas	Zip	66211
Country	United States of America				
Telephone	913-339-9666	Fax	913-339-6061		

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Jeffrey K. Hunter
Signature	
Date	29-OCTOBER-2003

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